

Supplementary evidence – Josh Artus, Healthy Places (PTC0046)

- To what extent you think our towns and cities really will be different in 5-10 years' time as a result of the pandemic. Will ideas like '15 minute cities', or the desire for more green spaces, actually be implemented?
 - The will is there but that's not enough. Change is needed across 3 P's take place; Policy, Practice, People
 - Policy - the problems highlighted from the pandemic were systemic rather than behavioural, such as access to water fountains to clean hands and access to nature near the home. I have repeatedly been told that for local authorities to enact change they need fiscal devolution allowing them to raise and spend in a more nuanced way, therefore if we want areas to be different and imaginative we have to allow them to be. There needs to be substantial investment in social infrastructure. Austerity has crushed people's access to libraries, cafes, gyms, swimming pools and places to just "be" where you are judged by the smile on the face rather than spend on your Apple Pay. Lowering business rates is not enough, economic stimulus grants for new businesses to set-up shop in vacant premises are needed - this should also be met with an offer from HMRC that a new business generating, say, max £150k revenue should have a corporation tax waiver for 3 years, allowing them to gain a foothold in the market. Standard business dictates that in year one, you spend a lot, in year two you break even, in year three you make up the losses and have a pathway to profit. We treat everyone equally rather than looking at treating people equitably. The American urbanist and economist Edward Glaeser says *'we regulate the entrepreneurship of the poor far more than we regulate the entrepreneurship of the rich. The rich innovate in cyberspace, which is largely a regulation free zone. The poor innovate on the ground, in real things, and local government rules micromanage the physical.'* ([source](#))
 - Practice - There is a clear desire to green cities however how we green them is the issue. Large parks are hard from a land value perspective but to adopt a process of 'urban acupuncture' is more appropriate. Using intermittent green to take the stress out of urban life. This is more than a patch of grass, it is a tree canopy, a series of bushes, living walls, filling vacant lots and spaces between buildings. I would stress that not all green is the same and that nature that is native to a region is important and that there are 100s of ecologists around the UK able to advise locally on the right type of green for the place. Nature also 'feeds' our gut bacteria, crucial for our immune system and bodily function. I would highlight the work of Jake Robinson from Sheffield Hallam University on this matter ([link](#)).
 - People - 15 minute city, but for whom? Low income workers do not get to live this urbanist ideal. Equally, 15 minutes for a neurodiverse person is not the same. The comments growing in many circles is that the 15 minute city is a good tool but needs an intersectional approach to its delivery otherwise we will likely exacerbate the problems of cities steeped in structural racism and classism.

- What big ideas are currently being talked about in urban planning circles, and how the pandemic has affected people's thinking about towns and cities of the future.
 - As mentioned, converting redundant retail floor space into active workspace is ideal. However the capital costs to reconfigure are too much for local businesses and need a stimulus to cover costs. The work of Dr. Jessica Ferm has highlighted the perils of this - [link](#)
 - An opportunity that I believe should take place are organisations like the Tate Gallery take the affordable workspaces offered at a peppercorn rent by residential developers on long leases. Coupled with their ability to act as a charity and receive a reduction in their business rates liabilities mean that their operation costs would be minimal but a platform has been created for people to access a space of creativity connected to a creative institution.
- Thinking about the towns and cities of the future, what are the sorts of developments/ projects that you would be most excited to work on?
 - Two projects that I think have hit the nail on future living from an architectural point of view are: <https://marmaladelane.co.uk/> & <http://www.eastvillagelondon.co.uk/>
- The emerging tech innovations that might shape our towns and cities in future.
 - Applying a combination of sensor technology, data analytics and scientific research into biology and materiality offers the chance to treat the city like a body. To learn where pockets of health risks occur and to dynamically respond to the problems. This would primarily focus on air, noise, light, and heat problems as they cause a biological disruption to the human body and are issues directly related to urban planning, development and management. This means that Urban Planning is Healthcare. For more on this please see this [link](#).
- Whether town and city regeneration projects/ developments you are currently working on have changed direction as a result of the pandemic.
- The role cultural and creative industries can play in regenerating town and city centres.
 - Every song is someone telling a story of their experience. There is untapped potential across the UK desperate to be realised. Small venue establishment is crucial to creating local identity. To creativity we should apply the [Lost Einstein's theory](#) in order to bring *life* back to places.
- Whether the societal inequalities that have been highlighted and deepened as a result of the pandemic are being considered in the thinking and planning for towns and cities of the future.
 - Firstly, we need to change the language from inequality to inequity as we are dealing with something experienced over time. This extract from "Global Health Europe" explains the situation well:
 "Inequity and inequality: these terms are sometimes confused, but are not interchangeable, inequity refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion while inequality simply refers to the uneven distribution of health or health resources as a result of genetic or other factors or the lack of resources." The sustained and chronic exposure to environmental and psychosocial stressors over time made some groups more vulnerable to risks associated with covid-19. It has long been known that places such as Lewisham in London or around Holyhead Road in Coventry are at high levels of pollution. The lack of addressing this matter is an issue of inequity and injustice.
 - Secondly, we need to move from a culture of treating health as an individual issue of diet, exercise and lifestyle. Whilst they are important they hide the

grave risk that issues such as the environment and deprivation have on health, [please see this research article](#). We have to treat health as a system, an ecological manner, in order to address the inequities present in our society. This means putting the horse before the cart of regulating 'stressors' in urbanised places to ensure that risks are low (not just acceptable - see [this case study](#)), allowing a person to not become sick from their environment and then address issues of lifestyle.

- Thirdly, the pandemic highlighted how the current changes to the National Planning Policy Framework is just a tool for housing growth and not for community dignity. The word 'health' is mentioned 4 times and without a definition it means that it's open to interpretation, bias, ignorance and even prejudice. Creating a definition of health in our planning framework of one that is based on biological rather than sociological means is equitable and by our measures will be anti-racist and anti-classist in deliverance. I have attached a report we produced on Health & Place that addresses this.
- Lastly, what has been highlighted by the pandemic is the inequitable distribution of environmental information and what the data *means*. The demand from citizens to know more about what's going on in their area has ignited people's desire to see better regulation and knowledge sharing of what is happening around them, who is responsible, and what people are doing to not cause a health risk.

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